

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**In re U.S. Patent Application of
TOKHTUEV et al.
Application Number: 10/629,754
F
Filed: July 30, 2003
For: RADIATION SENSOR
Attorney Docket No. APPR.0004**

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) **Unit 2878**
) **Examiner**
) **Rosenberger, Frederick**
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**Honorable Assistant Commissioner for Patents
Washington, D.C. 20231**

LETTER TO DRAFTSPERSON

Sir:

In response to the requirements set forth in the Office Action mailed on September 16, 2005, Applicants are submitting drawings for Figs. 4 and 5B, in which a reference number "126A" is being added in Fig. 4 and a reference number "166" is being added in Fig. 5B, in connection with the above-captioned application.

Kindly direct any inquiries in connection with this matter to the undersigned at the below-listed address and telephone number.

Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344



Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Dr., Suite 1400
Falls Church, Virginia 22042
(703) 641-4200

November 16, 2005



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Unit 2878

Examiner
Rosenberger, F. F.

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COVER LETTER

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	42	41	21 (Over 20)	x \$50	50.00
Independent Claims	5	3	(Over 3)	x \$200	400.00
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
			TOTAL		450.00

<input checked="" type="checkbox"/> Response to Office Action (with Claim Amendments)	<input type="checkbox"/> Petition for Extension of Time (months)
<input type="checkbox"/> Substitute Specification	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Letter to Draftsperson (w/ sheet)
<input checked="" type="checkbox"/> Information Disclosure Statement w/ refs	<input type="checkbox"/> Assignment
	<input type="checkbox"/> Other _____

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] Checks in the amount of **\$450.00** to cover the excess claims fee and **\$180.00** for the late IDS are enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,

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